

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/550951

FILED DATE

ATTORNEY

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
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42							92						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL DEP.		↓		↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL IND.	9	←		←		←	TOTAL IND.		←		←		←
TOTAL CLAIMS	10						TOTAL CLAIMS						

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